

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Small Entity)**

Docket No.  
**2488.041**

In Re Application Of: **10591558**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
<b>10591558</b>	<b>August 31, 2006</b>	<b>Unknown</b>	<b>23405</b>	<b>1614</b>	<b>3088</b>

Invention: **CD25 DNA VACCINES FOR TREATING AND PREVENTING T-CELL MEDIATED DISEASES**

Mail Stop Missing Parts

COMMISSIONER FOR PATENTS:

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on  
May 14, 2007  
Date

Enclosed herewith for filing are the following:

- ☒ A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- ☐ An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- ☒ A properly signed oath or declaration in compliance with 37 CFR 1.63.
- ☐ An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- ☐ A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- ☐ verified small entity declaration(s)
  - ☐ is/are attached.
  - ☐ was/were filed on \_\_\_\_\_
- ☐ A separate request for refund.
- ☐ Other (list):

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TO THE COMMISSIONER FOR PATENTS:

Mail Stop Missing Parts

☐ Completion of application fees as calculated below:

<input type="checkbox"/> Utility application basic fee	_____
<input type="checkbox"/> Design application basic fee	_____
<input checked="" type="checkbox"/> Search Fee	<b>\$50.00</b>
<input checked="" type="checkbox"/> Examination Fee	<b>\$100.00</b>
<input type="checkbox"/> Total number of independent claims = _____	_____
<input type="checkbox"/> Total number of claims = _____	_____
<input type="checkbox"/> Multiple dependent claims	_____
<input checked="" type="checkbox"/> Surcharge for late payment of filing fee and/or late filing of original declaration or oath	<b>\$65.00</b>
<input type="checkbox"/> Petition and fee for filing by other than all the inventors or a person not the inventor	_____
<input type="checkbox"/> Fee for processing an application filed with a non-English language specification	_____
<input type="checkbox"/> Fee for processing and retention of application	_____

Total completion of application fees \_\_\_\_\_

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

☐ One month    ☐ Two months    ☐ Three months    ☐ Four months    ☐ Five months

from:

*Date*

until:

*Date*

Total time extension fees

Total fees due

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Invention: **CD25 DNA VACCINES FOR TREATING AND PREVENTING T-CELL MEDIATED DISEASES**

TO THE COMMISSIONER FOR PATENTS:

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The fee of **\$215.00** is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **081935**
- ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **081935**
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

  
\_\_\_\_\_  
*Signature*

Dated: **June 10, 2007**

Jeff Rothenberg  
HESLIN ROTHENBERG FARLEY & MESITI P.C.  
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Albany, NY 12203  
Telephone: (518) 452-5600  
Facsimile: (518) 452-5579

CC:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
*Signature of Person Mailing Correspondence*

\_\_\_\_\_  
*Typed or Printed Name of Person Mailing Correspondence*